

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 131

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clark Township</b>		Length of stay in 1b <b>3 yr</b>	c. CITY OR TOWN <b>Moscow Mills</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wells Nursing Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LOUISE</b> Middle <b>CATHERINE</b> Last <b>LEITMAN</b>			4. DATE OF DEATH <b>Dec. 26, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 14, 1874</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>12</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTHPLACE (City and state or country) <b>Moscow Mills MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fritz Leitman</b>		13b. MOTHER'S MAIDEN NAME <b>Justine Linke</b>		14. NAME OF HUSBAND OR WIFE <b></b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Annie Leitman</b> Address <b>Moscow Mills MO</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inanition and Debilitation</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Senile Dementia</b>		
DUE TO (c) <b>Probable Cerebral Arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <b>/</b> a.m. <b>/</b> p.m. <b>/</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from **December 18, 1959** to **Dec. 26, 1959** and last saw her alive on **December 14, 1959**  
Death occurred at **11.30A.m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <b>Joseph C. Green, D.S.</b>	22b. ADDRESS <b>Moscow Mills Mo.</b>	22c. DATE SIGNED <b>12-28-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 28, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Anderson Hill Cemetery</b>
23d. LOCATION (City, town, or county) <b>Lincoln County MO</b>		(State)

24. FUNERAL DIRECTOR <b>D. D. McCoy</b>	ADDRESS <b>Troy MO</b>	25. DATE RECD. BY LOCAL REG. <b>12-28-1959</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed D. D. McEoy  
Licensed Embalmer No. 358

P. O. Address Troy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.